

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9746</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Steve</u> <u>J</u> <u>Nelson</u> P O Box, Bldg, Room No, if any Street <u>2515 NE Columbia Blvd</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97211-2053</u>	4 Name, file number, and address of labor organization Name <u>Boilermakers Local #500</u> Labor Organization File Number <u>516251</u> P O Box, Building and Room Number, if any Street <u>2515 NE Columbia Blvd</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97211-2053</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Steve J Nelson

On

08/11/2005

Date

(503) 281-6887

Telephone Number

Name of Person Filing Steve Nelson

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Western States Joint Apprenticeship Committee

Trade Name, if any

P O Box, Bldg, Room No, if any PO Box 1460

Street 119 West Main Street

City East Helena

State Montana ZIP Code + 4 59635

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Boilermakers Joint Appr Training Trust

Trade Name, if any

P O Box, Bldg, Room No, if any PO Box 1460

Street 119 West Main Street

City East Helena

State Montana ZIP Code + 4 59635

11 a Nature of such dealing

Joint union/employer apprenticeship trust

Reimbursement for actual expenses

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Dinner - July 13th, 2004 \$56 00

Dinner - July 15th, 2004 \$48 00

12 b Amount

\$104

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Part B

Name of Reporting Employer <u>Boilermakers National Annuity Trust</u>	File Number <u>E-</u>
---	-----------------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
--	--	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

<p>9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>	<p>9 c Position in labor organization or with employer (if an independent labor consultant, so state) <u>Business Manager</u></p>																
<p>9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made</p> <p>Name <u>Steve</u> <input type="checkbox"/> <u>Nelson</u></p> <p>P O Box, Building and Room Number if any <u></u></p> <p>Street <u>2515 N E Columbia Blvd</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97211</u></p>	<p>9 d Name and address of firm or labor organization with whom employed or affiliated</p> <p>Organization <u>Boilermakers Local #500</u></p> <p>P O Box, Building and Room Number if any <u></u></p> <p>Street <u>2515 N E Columbia Blvd</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97211</u></p>																
<p>10 a Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made</p> <p><u>03-10-2000</u></p>	<p>10 b The promise, agreement, or arrangement was</p> <p><input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached)</p>																
<p>11 a Date of each payment or expenditure (mm/dd/yyyy)</p> <table border="1" style="width: 100%;"> <tr><td><u>1-18-2004*</u></td></tr> <tr><td><u>1-19-2004*</u></td></tr> <tr><td><u>1-30-2004</u></td></tr> <tr><td><u>3-14-2004*</u></td></tr> <tr><td><u>3-15-2004*</u></td></tr> </table>	<u>1-18-2004*</u>	<u>1-19-2004*</u>	<u>1-30-2004</u>	<u>3-14-2004*</u>	<u>3-15-2004*</u>	<p>11 b Amount of each payment or expenditure</p> <table border="1" style="width: 100%;"> <tr><td><u>28</u></td></tr> <tr><td><u>25</u></td></tr> <tr><td><u>1,288</u></td></tr> <tr><td><u>38</u></td></tr> <tr><td><u>88</u></td></tr> </table>	<u>28</u>	<u>25</u>	<u>1,288</u>	<u>38</u>	<u>88</u>	<p>11 c Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <table border="1" style="width: 100%;"> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Reimbursement for Board Travel Expenses</u></td></tr> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Breakfast, Lunch & Refreshments</u></td></tr> </table>	<u>Breakfast & Refreshments</u>	<u>Breakfast & Refreshments</u>	<u>Reimbursement for Board Travel Expenses</u>	<u>Breakfast & Refreshments</u>	<u>Breakfast, Lunch & Refreshments</u>
<u>1-18-2004*</u>																	
<u>1-19-2004*</u>																	
<u>1-30-2004</u>																	
<u>3-14-2004*</u>																	
<u>3-15-2004*</u>																	
<u>28</u>																	
<u>25</u>																	
<u>1,288</u>																	
<u>38</u>																	
<u>88</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Reimbursement for Board Travel Expenses</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Breakfast, Lunch & Refreshments</u>																	
<p>12 Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made</p> <div style="border: 1px solid black; padding: 10px;"> <p>Trustees receive reimbursement for travel, lodging and meals when attending Board or Committee Meetings per written agreement</p> <p>*These were available to all persons attending the meetings The Fund Office does not have a record of those who may not have availed themselves to these items</p> </div>																	

Page 4 of 5

Part B

Name of Reporting Employer Boilermakers National Pension Trust	File Number E-
---	----------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
--	--	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

<p>9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>	<p>9 c Position in labor organization or with employer (if an independent labor consultant so state) <u>Business Manager</u></p>																
<p>9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made</p> <p>Name <u>Steve</u> <input type="checkbox"/> <u>Nelson</u></p> <p>P O Box, Building and Room Number, if any <u></u></p> <p>Street <u>2515 N E Columbia Blvd</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97211</u></p>	<p>9 d Name and address of firm or labor organization with whom employed or affiliated</p> <p>Organization <u>Boilermakers Local #500</u></p> <p>P O Box, Building and Room Number, if any <u></u></p> <p>Street <u>2515 N E Columbia Blvd</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97211</u></p>																
<p>10 a Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made</p> <p><u>03-10-2000</u></p>	<p>10 b The promise, agreement, or arrangement was</p> <p><input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached)</p>																
<p>11 a Date of each payment or expenditure (mm/dd/yyyy)</p> <table border="1" style="width: 100%;"> <tr><td><u>1-20-2004*</u></td></tr> <tr><td><u>1-21-2004*</u></td></tr> <tr><td><u>1-22-2004*</u></td></tr> <tr><td><u>1-23-2004*</u></td></tr> <tr><td><u>1-30-2004*</u></td></tr> </table>	<u>1-20-2004*</u>	<u>1-21-2004*</u>	<u>1-22-2004*</u>	<u>1-23-2004*</u>	<u>1-30-2004*</u>	<p>11 b Amount of each payment or expenditure</p> <table border="1" style="width: 100%;"> <tr><td><u>24</u></td></tr> <tr><td><u>44</u></td></tr> <tr><td><u>68</u></td></tr> <tr><td><u>25</u></td></tr> <tr><td><u>2,680</u></td></tr> </table>	<u>24</u>	<u>44</u>	<u>68</u>	<u>25</u>	<u>2,680</u>	<p>11 c Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <table border="1" style="width: 100%;"> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Breakfast, Lunch & Refreshments</u></td></tr> <tr><td><u>Breakfast & Refreshments</u></td></tr> <tr><td><u>Reimbursement for Board Travel Expenses</u></td></tr> </table>	<u>Breakfast & Refreshments</u>	<u>Breakfast & Refreshments</u>	<u>Breakfast, Lunch & Refreshments</u>	<u>Breakfast & Refreshments</u>	<u>Reimbursement for Board Travel Expenses</u>
<u>1-20-2004*</u>																	
<u>1-21-2004*</u>																	
<u>1-22-2004*</u>																	
<u>1-23-2004*</u>																	
<u>1-30-2004*</u>																	
<u>24</u>																	
<u>44</u>																	
<u>68</u>																	
<u>25</u>																	
<u>2,680</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Breakfast, Lunch & Refreshments</u>																	
<u>Breakfast & Refreshments</u>																	
<u>Reimbursement for Board Travel Expenses</u>																	
<p>12 Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made</p> <p>Trustees receive reimbursement for travel, lodging and meals when attending Board or Committee Meetings per written agreement</p> <p>*These were available to all persons attending the meetings The Fund Office does not have a record of those who may not have availed themselves to these items</p>																	

Page 4 of 4